

Miami Township
Clermont County, Ohio
Authorization to Use Image or Photographic Likeness
Complete On-Screen and Print

Date: _____

Participant Last Name _____

Participant First Name: _____ M.I. _____

Date of Birth: ____/____/____

(If minor, Parent/Guardian Name) _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home) _____ (Work) _____

In the event the participant or my photograph or other image is taken or created during the participant or my participation in any event, program or activity, in consideration of the acceptance of the participant in the event, program or activity, I authorize Miami Township to use my photograph or other image for any purpose.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature of Parent/Guardian
(Required if participant is a minor)

Signature: _____ Date: _____

Witness for Minor Signature

Please Mail, Fax or Hand Deliver to:

Miami Township Police Department
5900 McPicken Drive
Milford, OH 45150
Phone: (513) 248-3721
Fax: (513) 248-3720

Web June 2004